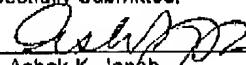
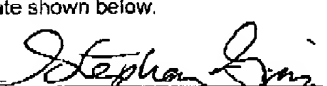


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Grimbergen et al.	Group No: 1763
Application No: 09/667,362	Examiner: Jeffrie Robert Lund
Confirmation No: 9755	Attorney Docket No: 002813 USA P01/ETCH/SILICON/JB1
Filed: 9/21/2000	
Title: REDUCING DEPOSITION OF PROCESS RESIDUE ON A WINDOW OF A CHAMBER	Friday, April 16, 2004 San Francisco, CA 94107

Commissioner for Patents VIA FACSIMILE: (703) 872-9306	Extension of Time	
Papers Enclosed <input checked="" type="checkbox"/> Amendment and Marked Up Copy of Claims/Specification <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136	
	Extension (Months)	Extension Fee
		Large Entity Small Entity
	<input type="checkbox"/> One Month	\$110.00 \$55.00
	<input type="checkbox"/> Two Months	\$410.00 \$205.00
	<input type="checkbox"/> Three Months	\$930.00 \$465.00
Total \$ 0.00		
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	37	69	0	\$42.00	\$16.00	\$0.00
Independent Claims	4	6	0	\$84.00	\$9.00	\$0.00
Multiple Dependent Claims				\$280.00	\$140.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00		
Total	\$0.00		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.		Please direct all telephone calls to: Ashok K. Janah at (415)538-1555 Please continue to send correspondence to: Applied Materials, Inc. Patent Department, M/S 2061 P.O. Box 450A Santa Clara, CA 95052	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at Fax No. (703) 872-9306 on the date shown below.		Respectfully Submitted, By:  Date: <u>April 16, 2004</u> Ashok K. Janah Registration No. 37,487	
By:  Date: <u>April 16, 2004</u> Stephen Guzzi			